

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**097980722**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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11						
12						
13						
14						
15			1			
16				1		
17				1		
18				1		
19				1		
20				1		
21				1		
22				1		
23				1		
24				1		
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49						
50						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		↓	13	↓		↓
TOTAL CLAIMS			14			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS